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Bib Data Sheet

CONFIRMATION NO. 3393

SERIAL NUMBER 10/766,162	FILING DATE 01/28/2004 RULE	CLASS 381	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 31856US3
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/340,951 06/28/1999 PAT 6,731,770

*VERIFIED***** FOREIGN APPLICATIONS *******

SWITZERLAND/PCT/CH99/00259 06/16/1999

*VERIFIED***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/03/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 5	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Behind-the-ear hearing aid and surface-mounted module for this type of hearing aid

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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